

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533423

FILING DATE

APPLICANT(S)

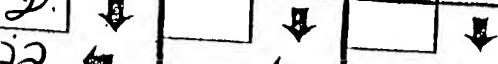
CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

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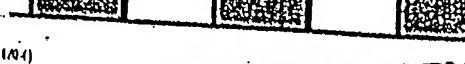
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TOTAL DEP. 22



TOTAL CLAIMS 24



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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

